

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

01749

1. PLACE OF DEATH:

County Hannock
 City or town Annapolis Junction
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Virginia County Montgomery
 City or town Radford
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Emmett Leni Bibb
 4. Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Widowed.

6.(b) Name of husband or wife Minnie Bibb

7. Birth date of deceased (mo., day, yr.) May 19, 1871 8.(c) If alive, give age _____ years

8. AGE: Years 76 Month 8 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Radford, Virginia
 (Town, county and state)

10. Usual occupation Retired merchant

11. Industry or business

12. Name Leni Bibb

13. Birthplace Radford, Virginia

14. Maiden name Elitama Coffey

15. Birthplace Radford, Virginia

16. Informant Ada Parish

Address Annapolis Junction, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Feb. 8, 1948
 (month) (day) (year)

Cemetery or crematory Rabbitts Cemetery

Location Radford, Virginia

18. Funeral director Dr. W. H. Marshall

Address Laurel, Maryland

2/5/47 Mark Shipley

19. (Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5, 1948 at 3:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1st 1947 to February 5, 1948

and that I last saw him alive on February 4, 1948

Immediate cause of death Hypertensive Cardiovascular Disease DURATION 1 yr.

Due to _____

Due to _____

Other conditions Hemiplegia following cerebral stroke 3 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Mark Shipley, M.D.

Savage, Md. M. D. or other _____

Address _____ Date signed 2/5/48

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FEB 10 1948
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01750

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard
City or town Ellicott City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Old Annapolis Road R.F.D. #2
Stay in hospital or inst. (yrs., or mos., or days) _____
Stay in this community (yrs., or mos., or days) 63 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Howard
City or town Ellicott City Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Old Annapolis Road R.F.D. #2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Elmo Bernard Bloom

3. (b) Social Security Number

218-14-4824

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Marion Bloom

7. Birth date of deceased (mo., day, yr.) October 8, 1884.

8. AGE: Years 63 Months 4 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Catonville Balto. Co. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name William H. Bloom

13. Birthplace Maryland

14. Maiden name M. Louise Hoffman

15. Birthplace Maryland

16. Informant Elmer R. Bloom

Address 5502 Arabia Ave. Baltimore 14 Md.

17. Burial Date thereof Feb. 28, 1948.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory New Cathedral Cemetery

Location Baltimore, Md.

18. Funeral director Easton Sons

Address Ellicott City, Maryland

19. Feb. 28, 1948 John B. Loughman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26, 1948 9¹⁵ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 26, 1948 to Feb 26, 1948, and that I last saw him alive on at no time 19__.

Immediate cause of death Arteriosclerotic Cardiovascular Disease
Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Alpha N. Herbert M.D.

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other _____

Address Ellicott City, Md. Date signed 2-26-48

DURATION

10 yrs.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 15

RECEIVED

MAR 2 1948

BUREAU V. S.

RECEIVED

MAR 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01752 195

1. PLACE OF DEATH: Howard
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23 yrs
 Hospital, institution, or street address where death occurred:
Washington Blvd.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....Md. County.....Howard
 City or town.....Jessup
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Washington Blvd.
 (If rural, give LOCATION)
 2(a) If veteran, name war.....None

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Evelyn E. Buncke 6. (c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) Oct. 28, 1883
 8. AGE: Years 64 Months 3 Days 12 If less than one day
 hrs. min.

9. Birthplace Holland
 (Town, county, and state)
 10. Usual occupation.....
 11. Industry or business Retired
 12. Name William Buncke
 13. Birthplace Holland
 14. Maiden name Elizabeth Kemmer
 15. Birthplace Belgium

16. Informant Mrs. Evelyn E. Buncke
 Address Washington Blvd. Jessup Md
 17. Burial Date thereof Feb 11, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory New Cathedral Cn.
 Location Baltimore, Md.

18. Funeral director E. Astor Sons
 Address Edlieath City, Md.
2/10/48 19. (Date rec'd by registrar) 19. Frank Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9th 1948 at 7 a. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1st 1946 to Feb. 9 1948
 and that I last saw him alive on Feb. 8th 1948

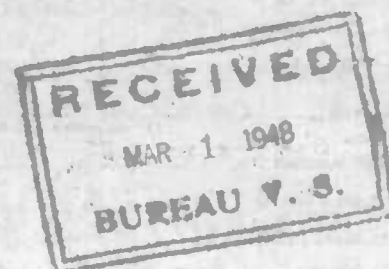
Immediate cause of death.....Coronary Thrombosis DURATION Inst.
 Due to Chr. Myocarditis 4 yrs.
 Due to.....
 Other conditions Diabetes Mel. 5 yrs.
 (Include pregnancy within 8 months of death)

Major findings of operations.....V Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of Injury..... Injured at work?

23. SIGNATURE Frank Shipley, M.D.
Savage, Md. M. D. or other 2/10/48
 Address..... Date signed.....



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town Laurel
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Laurel
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Charles Garfield Cole

3. (b) Social Security Number

213-01-69764. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Marie R Cole

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 19108. AGE: Years 37 Months 7 Days 8 If less than one day hrs. min.9. Birthplace Virginia
(Town, county, and state)10. Usual occupation weaver11. Industry or business Cotton mill12. Name John Cole13. Birthplace va14. Maiden name Jessie Jacobs15. Birthplace va16. Informant Mrs. M. R. ColeAddress Laurel Md17. Burial Date thereof 2-18-48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Good ShepherdLocation Ellemtt City Md.18. Funeral director J.P. NigubathamAddress Ellemtt City Md.19. 2/16 48 D.H. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14, 1948 at 8 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 14, 1948 to February 14, 1948 and that I last saw him alive on at no time 49

Immediate cause of death

DURATION

Acute Myocardial Degeneration 7 hrsDue to Acute alcoholism 12 hrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alpha N Herbert MD

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other

Address Ellemtt cty Md. Date signed 2-15-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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93d

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01868

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH:

County Howard
 City or town near Crooksville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John W. T. R. Dorsey

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

8. (b) Name of husband or wife

Sarah Fannie Dorsey

7. Birth date of deceased (mo., day, yr.)

April 23, 18656. (c) If alive, give age 78 years

8. AGE:

Years 82 Months 9 Days 13
 If less than one day
hrs.min.

9. Birthplace

Howard Co., Md.
(town, county, and state)

10. Usual occupation

labor

11. Industry or business

Charles Dorsey

12. Name

Howard Co., Md.

13. Birthplace

Margaret Parker

14. Maiden name

Howard Co.

15. Birthplace

Sarah Fannie Dorsey

16. Informant

Crooksville

Address

Rural

17. (Burial, cremation, or removal, Which?)

Bush Park

Cemetery or crematory

near Crooksville

18. Funeral director

H. M. ...

Address

mt. Airy19. 2/8/48 19 48

(Date rec'd by registrar)

R. Paul Quinn

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Crooksville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6, 1948 at 4:00 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 5, 1948 to February 6, 1948and that I last saw him alive on February 5, 1948

Immediate cause of death

Intracranial hemorrhageDue to Central ConcussionDue to Central Concussion

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date of 2-4-48Where did injury occur? Crooksville, Howard, Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) at homeMeans of injury fell on ice Injured at work? no23. SIGNATURE C. S. Whitaker, M.D.Address Clarks villeDate signed 2-7-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 13 1948
BUREAU • 3

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

CERTIFICATE OF DEATH

906 192 01754 Reg. Dist. No.

1. PLACE OF DEATH:

(a) County Howard
 (b) City or town Woodstock
 (If outside city or town limits, write RURAL and give town)
 (c) Street address, hospital, or institution:
Old Court & Old Frederick Roads
 (d) Length of stay in hospital or inst. (yrs., mos., or days) _____
 (e) Length of stay in this community (yrs., mos., or days) 4 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Porto
 (c) City or town Cockeysville
 (If outside city or town limits, write RURAL and give town)
 (d) Street No. _____ (If rural give location)
 (e) If foreign born, how long in U. S. A. ✓ _____ years

3 (a) FULL NAME

Bessie Marie Doyle

3 (b) If veteran, name war

3 (c) Social Security

No. _____

4. Sex

Female

5. Color or race

White

6 (a) Single, married, widowed, or

divorced. Widowed

6 (b) Name of husband or wife William G. Doyle

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) August 16th 1876

8. AGE:

Years 71

Months 5

Days 29

If less than one day

hr. _____

min. _____

9. Birthplace Maryland

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name

Harding

13. Birthplace

14. Maiden Name

15. Birthplace

16 (a) Informant Mrs. Harry Taylor

(b) Address Woodstock, Md.

17 (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Feb. 17, 1948

(month) (day) (year)

(c) Cemetery or crematory St. Joseph's Cemetery

Location Texas, Md.

18 (a) Funeral director Ellen Lamoran

(b) Address 4510 Liberty Heights Ave.

19 (a) 2/16/48

(Date rec'd by registrar)

(b) A.W. Hedrich

Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 14 1948, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15, 1948, to Feb. 14, 1948 and that I last saw her alive on Feb. 14, 1948

Immediate cause of death Myocardial infarction Duration _____

duration of heart condition 1 1/2 yrs.

where of heart failure

Due to myocardial infarction

Due to hypertension & arteriosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations (over)

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature Frederick Adams M.D.

M. D. or other _____

Address 1401 N. Rollway Rd. Catonsville Date signed Feb. 15, 1948

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEART ATTACK. ANGINA DURATION OF HEART
CONDITION Jan. 15th. When I first saw her
insufficient VALVULAR FORCE. aortic & mitral
deposit in both orifices

In DURATION
column

Jan 15 when I
first saw her

For typists

not for
Photostatting

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1700

01755

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard
City or town Pfeiffers Corner
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution Waterloo Road, Ellicott City R.F.D.
Stay in hospital or inst. (yrs., or mos., or days) _____
Stay in this community (yrs., or mos., or days) 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard
City or town Pfeiffers Corner, Ellicott City R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Waterloo Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Louis R. Gray

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) September 28, 1936

8. AGE: Years 11 Months 4 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Student

11. Industry or business School

12. Name Rudolph H. Gray
13. Birthplace Howard Co. Md.
14. Maiden name Senora Margaret
15. Birthplace Houlton Co. Penna.

16. Informant Mr. Rudolph H. Gray
Address Pfeiffers Corner, Howard Co. Md.

17. Burial Date thereof Feb. 10, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory St. John's Lutheran Cemetery
Location Pfeiffers Corner Howard Co. Md.

18. Funeral director Easton, Sons
Address Ellicott City, Maryland

19. Feb. 9, 1948 John B. Loughran
(Date rec'd by registrar) Registrar J. B. L.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6, 1948 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 6 1948, to Feb 8 1948, and that I last saw him alive on at no time

Immediate cause of death Fracture of cervical vertebral, Comp. fract. Dist of both femurs & mandible DURATION _____
Due to Auto accident

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2-6-48
Where did injury occur? Pfeiffers Co., Howard Md. (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Public street
Means of injury auto accident Injured at work? No

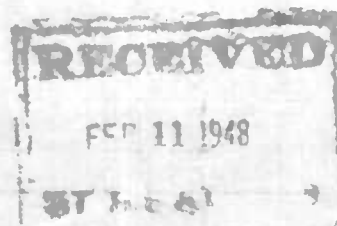
23. SIGNATURE

Alpha H. Herbert M.D.
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other
Address Ellicott City Md. Date signed 2-6-48

MARGIN RESERVED FOR BINDING

VSA15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County Howard
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 81 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Howard
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

Mary Hawkins

3. (b) Social Security Number

none

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Nicholas Hawkins

6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 81 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, County, and state)

10. Usual occupation none

11. Industry or business

12. Name Unknown

13. Birthplace "

14. Maiden name "

15. Birthplace "

16. Informant Welfare Records

Address Elliott City Md.

17. Burial Date thereof 2-19-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ashbury

Location Camp Meade get. Md.

18. Funeral director J.C. Diggs & Son

Address Elliott City Md.

19. 2/19/48 19 Shankshopley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1948 at 7:30 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 17 1948 to February 17 1948 and that I last saw him live on at 7:30 A.M.

Immediate cause of death Incineration

DURATION

5 min.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2-17-48

Where did injury occur? Baltimore Howard Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Home burned Injured at work? No

23. SIGNATURE Alpha N. Herbert MD

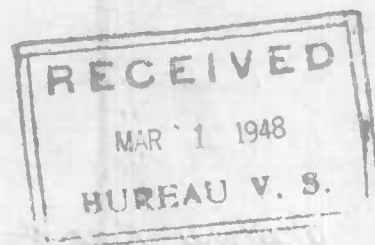
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other

Address Elliott City Md. Date signed 2/19/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

01757

93d

1. PLACE OF DEATH:

County Howard
City or town Clerksville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Howard
City or town Clerksville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Nellie Zepp Hill
4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Benj. M. Hill
6 (c) If alive, give age _____ years

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1948, at 1A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 10 1948 to Feb. 10 1948
and that I last saw him/her on at no time

7. Birth date of deceased (mo., day, yr.) Aug 15, 1875
8. AGE: Years 72 Months 5 Days 25 If less than one day _____ hrs. _____ min.

Immediate cause of death Arteriosclerosis
Cardiovascular disease 10 yrs
Due to
Due to
Other conditions

9. Birthplace Dayton Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Chas. J. Zepp

13. Birthplace Ind.

14. Maiden name Mary E. Gardner

15. Birthplace Ind.

16. Informant Mrs. Arthur K. Pickett

Address Clerksville, Ind.

17. Burial Date thereof 2-12-48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Lutheran Chapel

Location Clerksville Ind.

18. Funeral director H. H. Higginbotham

Address Elletts City Ind.

19. 2-12 1948 Mario C. Whitaker
(Date rec'd by registrar) Registrar

(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

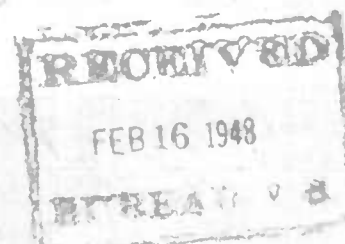
23. SIGNATURE Alpha N. Herbert M.D.
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other
Address Elletts City Ind. Date signed 2-10-48

MARGIN RESERVED FOR BINDING

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HOWARD
City or town RFD #2 SHEPHERDS LANE - ELICOTT CITY
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County HOWARD
City or town RURAL - ELICOTT CITY Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. RFD #2 SHEPHERDS LANE
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

ALAN H. KNIGHT

3. (b) Social Security Number

4. Sex MALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife ETHEL (GUMBRILL)

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) APRIL 3, 1889

8. AGE: Years 58 Months 10 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace ENGLAND
(Town, county, and state)

10. Usual occupation BUILDER - CONTRACTOR

11. Industry or business OWN BUSINESS

12. Name CHARLES KNIGHT

13. Birthplace ENGLAND

14. Maiden name _____

15. Birthplace _____

16. Informant MRS ALAN H. KNIGHT

Address SHEPHERDS LANE RFD2 ELICOTT CITY

17. ENTOMBMENT Date thereof MARCH 3, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory LORRAINE PARK

Location WOODLAWN, MD

18. Funeral director Harry H. Wight

Address 4101 Elmwood Ave

19. 3/2 1948 A. W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 29, 1948 at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1, 1948 to March 1, 1948 and that I last saw him alive on at no time

Immediate cause of death Carbon monoxide poisoning DURATION 2 hrs

Due to motor vehicle exhaust

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 2-29-48

Where did injury occur? Howard Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of Injury Inhaled motor veh. exhaust - no.

23. SIGNATURE Alpha H. Herbert M.D.

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY, MD. M. D. or other

Address Ellicott City Md Date signed 3-1-48

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 017595

1. PLACE OF DEATH:

County Howard
 City or town Jessups Rural
 (If outside city or town limits, write RURAL NEAR and give town)
 Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

3. (a) FULL NAME

Albert Hermengildo Rojas

4. Sex

m

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Single

6 (b) Name of husband or wife

6 (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

April 13, 1895

8. AGE:

Years

Months

Days

If less than one day

52107

hrs.

min.

9. Birthplace

Aquique, Chile
(Town, county, and state)

10. Usual occupation

Moulder

11. Industry or business

BTO R.R.

FATHER

12. Name

unknown

13. Birthplace

LI

14. Maiden name

"

15. Birthplace

"

16. Informant

National Guard Discharge

Address

Belts Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

2-25-48
(month) (day) (year)

Cemetery or crematory

Western Star

Location

Catonaville Md.

18. Funeral Director

J.P. Nigumbachom

Address

Ellicott City Md.

19.

2/26/48

19.

(Date rec'd by registrar)

Frank Shipley

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard
 City or town Jessups Rural
 (If outside city or town limits, write RURAL NEAR and give town)
 Street No. One Spot
 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (b) Social Security Number

705-03-9353

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 20 1948 at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from February 20 1948 to February 20 1948
 and that I last saw him alive on at no time 19

Immediate cause of death

Laceration of Brain

DURATION

Inst.

Due to

Compound fracture

Due to

Gunshot wound of head

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline
 the cause to which
 death should be
 charged statisti-
 cally.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Presumed suicide Date of 2-20-48

Where did injury occur?

Waterloo Howard Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Home

Means of Injury

Gunshot wound Injured at work? No

23. SIGNATURE

Alpha M. Herbert M.D.

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other

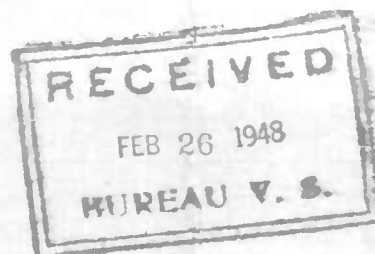
Address

Ellicott City Md. Date signed 2-25-48

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:

County Harvard Co.

City or town North Laurel
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35

Hospital, institution, or street address where death occurred: Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harvard

City or town North Laurel
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Harry W. Millie

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Katie Millie

7. Birth date of deceased (mo., day, yr.) April 7 - 1868 8. (c) If alive, give age _____ years

8. AGE: Years 79 Months 10 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Harford Co.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Isaac Millie

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. Informant John Millie

Address Laurel, Md.

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof Feb 29 - 1948
(month) (day) (year)

Cemetery or crematory Irish Hill

Location Laurel, Md.

16. Funeral director Dr. W. C. White, Jr.

Address Laurel, Md.

19. 2-28 19 48 con. E. Wachter
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 19 48 at 10:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 12 19 48 to February 27 19 48

and that I last saw him alive on February 12 19 48

Immediate cause of death Coronary thrombosis

Due to arteriosclerosis, generalized

Due to _____

Other conditions profound ulcer

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Stephens MD. M. D. or other

Address Laurel Md. Date signed 2/28/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1948
BUREAU V. S.